MARYLAND STATE DEPARTMENT OF HEALTH

09437

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 289

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 79 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 226 9th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 226 9th Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Aitcheson

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 7 1871

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Laurel Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Jones

14. MOTHER'S MAIDEN NAME: Minerva Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. J. E. Litchfield Laurel Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	4 Days
443 X Antecedent cause(s)	(b) Apoplexy, Hemiplegia	3 Mos.
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardiovascular D.	10 Yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cystitis	10 Yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Laurel — (COUNTY): PG — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1950, to 9/27, 1950, that I last saw the deceased alive on 9/26, 1950, and that death occurred at 8:10 m., from the causes and on the date stated above.

SIGNATURE: M. Warren M.D. (Degree or title) — ADDRESS: Laurel Md. — DATE SIGNED: 9-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 30 1950 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county): Laurel, Md. — (State)

DATE REC'D BY LOCAL REG.: Sept 30-50 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: DeWitt Donaldson — ADDRESS: Laurel Md.

VS. A15

RECEIVED
OCT 3 1960
BUREAU V. S

09438 245

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~[illegible]~~

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 704 - 5th St

3. NAME OF DECEASED (Type or Print) (First) Clifton (Middle) M. (Last) Arnold
4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan 2 1897
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House painting
10b. KIND OF BUSINESS OR INDUSTRY Self-employed Painter
11. BIRTHPLACE (State or foreign country) Glendale Howard Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Sam Arnold
14. MOTHER'S MAIDEN NAME Margaret Louise Shepherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Lawrence Arnold, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331x	Immediate cause	(a) Cerebral hemorrhage with left hemiplegia	3 days
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	1 yr
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart Disease — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1950, to Sept 18, 1950, that I last saw the deceased alive on Sept 18, 1950, and that death occurred at 9 20 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin MD ADDRESS Riverdale, Md DATE SIGNED Sept 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/20/50
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) (State) Ellicott City, Maryland

DATE REC'D BY LOCAL REG. Sept 20-50 Sept 22-50
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Dr. Wm. Monahan ADDRESS

341 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU T. S

M

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VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09439

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Washington 19 DC
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, Institution, or street address where death occurred: 6501 Dorsey Rd. S.E. Alms House.

How long in hospital or institution? 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Alms House Washington 19 DC
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6501 - Dorsey Road SE
(If rural, give LOCATION)

2.(a) If veteran, name war unknown

3. (a) FULL NAME August Asmussen

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Caroline Nanfeld Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec ? 1856

8. AGE: Years 94 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Schleswig Germany
(Town, county, and state)

10. Usual occupation: Table cloth maker Retired

11. Industry or business: unknown

FATHER
12. Name: Maths Asmussen
13. Birthplace: Germany

MOTHER
14. Maiden name: Marie — ?
15. Birthplace: Germany

16. Informant: Johann Asmussen
Address: Brandywine, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 13 - 1950 (month) (day) (year)

Cemetery or crematory: Wash. National

Location: Suitland Maryland

18. Funeral director: W W Chambers Co.
Address: 517 - 11 St. N.E.

19. Sept 10 1950 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Dec~~ Sept 10 1950, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1949 to Sept 10 1950 and that I last saw him alive on Sept 9 1950

Immediate cause of death: Cerebral hemorrhage (paralysis left side of body)

Due to: General Arteriosclerosis

Due to: 331X

Other conditions: none of note. 83a
(Include pregnancy within 3 months of death)

DURATION
2 days
unknown

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 5440 Silver Hill Rd Washington DC Date signed Sept 10 1950

49644

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SEP 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09440

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine | LENGTH OF STAY in this place) 20years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) M. (Last) Baden

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-9-1889

9. AGE last birthday: 61 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Shaffer

14. MOTHER'S MAIDEN NAME: Louella Eisenhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clyde H. Baden, Brandywine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Pulmonary Embolism - Bilateral

Antecedent cause(s)

940a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intermural Thrombosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Sept, 1950, that I last saw the deceased alive on 23 Sept, 1950, and that death occurred at 12:2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alfred R Lapin — ADDRESS Clinton Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept 26.50 | NAME OF CEMETERY OR CREMATORY: St. Pauls Episcopal | LOCATION (City, town, or county) (State): Baden, Md

DATE REC'D BY LOCAL REG.: Sept 25 1950 | REGISTRAR'S SIGNATURE: R Grant Smith | 24. FUNERAL DIRECTOR: Ritchie Brothers | ADDRESS: Upper Marlboro Md.

RECEIVED
SEP 27 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09441

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Seven months
Hospital, Institution, or street address where death occurred:
4601 25th St.,
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4601 25th St.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War I.

3.(a) FULL NAME: Alfred J. Bandler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Gussie H. Bandler
6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Dec. 8, 1887

8. AGE: Years	Months	Days	If less than one day
62	9	3	hrs. min.

9. Birthplace: New York, N.Y.
(Town, county, and state)
10. Usual occupation: Hatter
11. Industry or business: Self employed

FATHER
12. Name: Jacob Bandler
13. Birthplace: Austria

MOTHER
14. Maiden name: Rachel Geller
15. Birthplace: New York

16. Informant: Mrs. Rhoda Raider, daughter,
Address: 4601 25th St., Mt. Rainier, Md.

17. (Burial, cremation, or removal. Which?) Date thereof: Sept 14 50 (month) (day) (year)
Cemetery or crematory: Levy Wash Mem Cem
Location: Md
18. Funeral director: B. Danzansky & Son
Address: 3561-14th St NW
19. 9/11 1950 Amanda Downey
(Date rec'd by registrar) Registrar
9/13/50 Jane Levy

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 11, 1950, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1950, to Sept. 11, 1950 and that I last saw him alive on Sept 3, 1950

Immediate cause of death	DURATION
Coronary Occlusion	
Due to: Coronary artery disease	5 years
Due to: 420.1	
Other conditions: 94a	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Irwin M. Grossgrean M.D.
M. D. or other
Address: Mt. Rainier, Md. Date signed: 9-11-50

4606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 14 1950
BUREAU T. S

#3. Evidence is shown on Film G131 3/6/51 jt. Affidavit of husband & Car title.

Evidence for change of age shown on:

FILM No. G 128 OCT 19 1950

09442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 41 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.; STREET ADDRESS (If rural, give location) 2503 Queens Chapel Rd.

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) E. (Last) Becker.

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 23-87

9. AGE last birthday: 63 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Plues

14. MOTHER'S MAIDEN NAME: Mary ~~Hitchcock~~ Peary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: John Becker, 2503 Queens Chapel Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — bifurcation of left pulmonary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Pulmonary Abscesses

44 X 92

(c) Hypertensive arteriosclerotic cardiovascular ht. disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1950, to Sept. 28, 1950, that I last saw the deceased alive on Sept. 28, 1950, and that death occurred at 7:35 A m., from the causes and on the date stated above.

SIGNATURE: Irvin M. Grossgeen (Degree or Title) ADDRESS DATE SIGNED 9-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9/30/50

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Gilmer Manor Md

DATE REC'D BY LOCAL REG.: 9-30-50

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Talley's Funeral Home Inc.

ADDRESS: 5200 - R. I. ave. Mt. Rainier Md.

RECEIVED
OCT 3 1950
BUREAU V. R

09443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

Pr. Geo.

1. PLACE OF DEATH: COUNTY: Bowie MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie — LENGTH OF STAY (In this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWARD	E.	BELL	Sept	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan 13 1869	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer P.R.R.	Retired	Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Sallie Ann ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Sylvester Bell (Son) Bowie Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	2 d.
334X Antecedent cause(s) 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemeplegia, Hypertension Stroke	5 days
	(c) Generalized Arteriosclerosis	10 Yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chr. Bronchitis	5 Yrs -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	Home	Bowie	P.G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
—			m.			—

22. I hereby certify that I attended the deceased from 6-27, 1950, to 9-27-, 1950, that I last saw the deceased alive on 9-26, 1950, and that death occurred at 3:00 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Warren	Md	Laurel	Md 9-27-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-29-50	Ft. Lincoln	Bladensburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 27, 1950	Agnes M. Ginglino	Deal Funeral Home	4812 Ga Ave NW, DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
OCT 4 1950
BUREAU V. S

09444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 342

1. PLACE OF DEATH:

County Prince George

City or town Fairmont Hts (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 29 Yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Prince George

City or town Fairmont Hts. (If outside city or town limits, write RURAL and give nearest town)

Street No. 5404 Sheriff Rd. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Katie Diggs Bolling

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Widowed

6.(b) Name of husband or wife Samuel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1894

8. AGE: Years 55 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Tallula Mississippi (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Alfred Diggs

13. Birthplace Miss.

MOTHER 14. Maiden name Ella Braxton

15. Birthplace Miss.

16. Informant Laura Mouton

Address 919 Eastern Ave.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 9-28-50 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director Henry S. Washington + Sons

Address 467 N St. N.W. Wash. D.C.

19. Sept. 28 1950 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1950 at 8:18 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1950 to September 28 1950 and that I last saw her alive on September 27 1950

Immediate cause of death Generalized Carcinomatosis — DURATION 1 month

Due to Carcinoma of Cervix

Due to

Other conditions Coronary Heart Disease

171X 48a (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alvin Thornton M. D. or other

Address 4832 Deane Ave NE Washington 19 DC. Date signed 9-28/50

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M I T

RECEIVED
OCT 3 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09445

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 mos., & 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 610 Maryland Ave., S. W. ✓

3. NAME OF DECEASED (Type or Print) (First) ROMOLO (Middle) (Last) BONI
4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	1/1/1898	52 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY last employed, 733 No. Cap. St., S.W. Washington, D. C.
11. BIRTHPLACE (State or foreign country) Rome, Italy
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME Francesca Boni
14. MOTHER'S MAIDEN NAME Gelacci ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
521X Immediate cause	(a) Lung abscess right -	5 months
114d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac failure - Cor Pulmonalis.	4 days
	(c) Uremia -	4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/2, 1950, to 9/11, 1950, that I last saw the deceased alive on 9/11, 1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	9-13-50	D.C. Morgue	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-14-50	Abe Weiss	Daniel Leo Finucane, M.D.	Glenn Dale

35489 md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 18 1950
BUREAU U. S

09446

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) Eva (Last) Boyle
4. DATE OF DEATH (Month) (Day) (Year) September 9 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 9 1898
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Laurel Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Owens
14. MOTHER'S MAIDEN NAME Daisy Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Richard D. Boyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	2 hrs
331 X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension arteriosclerosis	2 yrs
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/8, 1950, to 9/8, 1950, that I last saw the deceased alive on 9/8, 1950, and that death occurred at 8 p m., from the causes and on the date stated above.

SIGNATURE N. B. Jerrard (Degree or title) ADDRESS 314 Cornfield av Laurel Md DATE SIGNED 9/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 11, 1950
NAME OF CEMETERY OR CREMATORY Iny Hill Cemetery
LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. Sept 11-50
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md. ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09447

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS 4114 - 70 st. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) KENNETH (Last) BRIGHTON

4. DATE OF DEATH (Month) sept (Day) 9, (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 11/9/1907

9. AGE last birthday 48 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber

10b. KIND OF BUSINESS OR INDUSTRY McCarthy & Sons

11. BIRTHPLACE (State or foreign country) New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Brighton

14. MOTHER'S MAIDEN NAME Mary Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Irene Brighton - Landover Hills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	1 hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion.	1 hour.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/, 1950, to 9/9, 1950, that I last saw the deceased alive on 9/9/, 1950, and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE Frederick E. Musser, M.D. (Degree or title) ADDRESS 1409 Varnum St. DATE SIGNED 9/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/11/50,

NAME OF CEMETERY OR CREMATORY National Memorial Park

LOCATION (City, town, or county) Falls Church (State) Va

DATE REC'D BY LOCAL REG. 9-9-50

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Tasch's sons Hyattsville, Md ADDRESS

348V9

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09448

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Manor
STREET ADDRESS (If rural, give location) 6422 Kilmer

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Earl (Last) Brown, Jr.
4. DATE OF DEATH (Month) Sept. (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 10, 1919
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Television School
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME Charles Earl Brown, Sr.
14. MOTHER'S MAIDEN NAME Geneva Bell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT George Gordon - Brother-in-law.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420,1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Cheverly, Md. Sept 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/19/50
NAME OF CEMETERY OR CREMATORY Arlington Natl.
LOCATION (City, town, or county) Virginia (State)

DATE REC'D BY LOCAL REG. 9/15/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J Wm Lee Son's Co ADDRESS 300 4th St N.E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09449

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 yr., 1 mo., & 6 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1221 Wylie St., N. E.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) MARIE (Last) BROWN

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/10/32

9. AGE last birthday: 18 yrs. — If under 1 year: Months -; Days -; If under 24 hrs.: Hours -; Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Brown

14. MOTHER'S MAIDEN NAME: Alice Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis, far advanced — Interval between onset and death: 1 year 4 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tuberculous meningitis — 9 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1949, to 9/2, 1950, that I last saw the deceased alive on 9/2, 1950, and that death occurred at 12 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finucane M.D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 9/2/50

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF: 9-7-50

NAME OF CEMETERY OR CREMATORY: Payne Cemetery

LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG.: 9-3-50

REGISTRAR'S SIGNATURE: M.E. Weiss

24. FUNERAL DIRECTOR: Stewart's Funeral Home

ADDRESS: 30 H St. NE Washington D.C.

RECEIVED
SEP 11, 1950
BUREAU V. S

RECEIVED
SEP 11, 1950

09450

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 7 mons., & 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1319 Linden Court, N. E.

3. NAME OF DECEASED (Type or Print) (First) IRVIN (Middle) LEROY (Last) BROWN
4. DATE OF DEATH (Month) Sept (Day) 16th (Year) 1950

5. SEX MALE
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH 10/13/1902
9. AGE last birthday 47 yrs. If under 1 year Months - Days - If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mover
10b. KIND OF BUSINESS OR INDUSTRY Grey Lines Moving Company.
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herman Brown
14. MOTHER'S MAIDEN NAME Katie Brent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY No. 577-18-3806
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — 18½ months

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feby 15th, 1950, to Sept 16th, 1950, that I last saw the deceased alive on Sept 16th, 1950, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland. DATE SIGNED 9/16/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 9/21/50
NAME OF CEMETERY OR CREMATORY Paynes Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 9/18/50
REGISTRAR'S SIGNATURE Mol Weiss
24. FUNERAL DIRECTOR J T Stewart ADDRESS 30 H. St., N.E. Wash., D.C.

42050

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1960
BUREAU V. S.

09451

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings, Maryland
STREET ADDRESS (If rural, give location) 12 20 PM

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Burroughs

4. DATE OF DEATH (Month) Sept. (Day) 6, (Year) 1950

5. SEX m
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) N.B.
8. DATE OF BIRTH Sept. 5, 1950
9. AGE last birthday yrs. If under 1 year Months Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) U.S.A
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Burroughs, John
14. MOTHER'S MAIDEN NAME Sweeney Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John Burroughs - Owings, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis due to

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

159 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1950 to Sept. 6, 1950, that I last saw the deceased alive on Sept. 6, 1950, and that death occurred at 12 50 P. m., from the causes and on the date stated above.

SIGNATURE R B Tassoer (Degree or title) M W ADDRESS Upper Marlboro Md. DATE SIGNED 9/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 7-1950
NAME OF CEMETERY OR CREMATORY St. Thomas
LOCATION (City, town, or county) Croom (State) Md

DATE REC'D BY LOCAL REG. Sept 7, 1950
REGISTRAR'S SIGNATURE R Cruz Smith (Mtg. Chief)
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

2-0.9-05-0-26-9.31-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09452

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Rt
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location): 6035 Baltimore Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fanna	B.	Chisholm	9	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct 3 1865	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Mullino
14. MOTHER'S MAIDEN NAME: Nancy B. Humphreys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction	1 day
460.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mesenteric Thrombosis	1 day.
99	(c) General Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-16, 1950, to Sept 16, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE: L W Malone M.D. (Degree or title) ADDRESS: Riverdale, Md DATE SIGNED: 9-16-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 19-1950		Charlottesville Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-16-50	Amanda Downey	Neal Funeral Home	Wash. D. C.
9-18-50	James Seery		

RECEIVED
SEP 20 1950
BUREAU V. S

Evidence for change in #9 as shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09453

FILM No. G 1 28 SEP 14 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Riggs Rd. Pr. Geo. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville / LENGTH OF STAY (in this place) 13 Months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale, Hyattsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home	STREET ADDRESS (If rural, give location) 2109 - Beechwood Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HENRY		CLEVELAND		9	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	11/18/1867	8382 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer, Town Mt. Rainer	Retired Refuse Dept	Fairfax, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Robert H. Cleveland (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Arteriosclerotic Heart Disease

420.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart Failure

93d

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from March, 1949, to Sept, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Bernard A. Fitzgerald, MD	802 Malcolm Dr. S.L. Md.	9/2/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/5/1950	Fort Lincoln Cemetery	Colmar Manor, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 4, 1950	James Seery	Nalley's Funeral Home	3200-R.I. Ave Mt. Rainier, Md.

98898

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1961
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

09454

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince Georges Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md
STREET ADDRESS (If rural, give location) 6805 Riggs Manor Drive

3. NAME OF DECEASED (Type or Print) (First) Howell (Middle) B. (Last) Cliborne

4. DATE OF DEATH (Month) Sept (Day) 20 (Year) 1950

5. SEX Male

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr 10-1883

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Western Union

11. BIRTHPLACE (State or foreign country) Farmville, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME D. Cliborne

14. MOTHER'S MAIDEN NAME Emma Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 5-78-03-5130

17. INFORMANT AND ADDRESS Mrs Madeline A. Cliborne (Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	10 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilitic Aortitis & Aortic regurgitation	unknown
	(c) Syphilitic Aortic Aneurysm.	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1949, to Sept 20, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis H. Shuman, M.D. 1803 Biltmore St. N.W. Wash. D.C. 9/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/22/50

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Prince Georges Co., Md.

DATE REC'D BY LOCAL REG 9/20/50

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 14th St., N.W.

9/21/50 James Savoy

XVX56

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1950
BUREAU V. B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09455

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 416 10th St., S. W. ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) E. (Last) COGSWELL

4. DATE OF DEATH: (Month) SEPT. (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 6/2/1886

9. AGE last birthday: 64 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: last job-- Mrs. Lanaham, Georgetown, D. C.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Cogswell

14. MOTHER'S MAIDEN NAME: Maggie Turan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 579-03-5785

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X **Immediate cause** (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2½ yrs.

136 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1950, to Sept 9, 1950, that I last saw the deceased alive on Sept 9, 1950, and that death occurred at 6:50 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M. D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 9/9/50

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF: 9/9/50

NAME OF CEMETERY OR CREMATORY: —

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 9-11-50

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: W. W. Chambers per pro M. Spalding

ADDRESS: 517-11th NE. Washington, D.C.

340 V9

RECEIVED
SEP 18 1950
BUREAU V. S

09456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr., 4 mo. & 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 319 59th St., N. E.

3. NAME OF DECEASED (Type or Print) (First) Peggy (Middle) Lee (Last) Corbin

4. DATE OF DEATH (Month) 9 (Day) 1 (Year) 1950

5. SEX Female
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 3/30/1927
9. AGE last birthday 23 yrs. If under 1 year Months – Days – If under 24 hrs. Hours – Mfn. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bernard Lee
14. MOTHER'S MAIDEN NAME Alice Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 217-24-9204
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 2 years.

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1949, to 9/1, 1950, that I last saw the deceased alive on 9/1, 1950, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 9/1/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 9-7-50
NAME OF CEMETERY OR CREMATORY Mt. Aubon
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 9-2-50
REGISTRAR'S SIGNATURE Moe West
24. FUNERAL DIRECTOR Thomas E. Kelson, ADDRESS 1303 Presstman St Baltimore, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1950
BUREAU

09457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr., 8 mos., & 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. D.C. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 110 Roosevelt Ave.,

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) H (Last) DANIELS
4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 10/20/1895
9. AGE last birthday 54 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary engineer
10b. KIND OF BUSINESS OR INDUSTRY Lion Transfer Co., Washington, D. C.
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Daniels
14. MOTHER'S MAIDEN NAME Janet Stick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 577-12-9606
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis, Far Advanced	2 years
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13b	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1949, to Sept 20, 1950, that I last saw the deceased alive on Sept. 20, 1950, and that death occurred at 5 20 A m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinecane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 9/20/50

23. BURIAL, CREMATION REMOVAL (Specify) removal
DATE THEREOF 9-20-50
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 9-22-50
REGISTRAR'S SIGNATURE Neil Weiss
24. FUNERAL DIRECTOR Chambers Funeral Home ADDRESS 517-11th St., S.E. Wash., D.C.

35650

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Authorization for change of residence on letter addressed to
Dr. Daniel Finucane, and answered by Mrs. Norman, Med.Social Workers,
D. C. Gov't. 11-27-50 ams

09458

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale | LENGTH OF STAY (In this place) 34 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural give location) 13-D. Ridge Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	J.	Dean	9	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	12/5/1906	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk in the Weather Bureau
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Richard Dean
14. MOTHER'S MAIDEN NAME: Julia Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Lillian J. Dean (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
341x Immediate cause	(a) Cerebral Anoxia secondary to Status asthmaticus	2 days
112 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Asthma	20-30 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1950, to Sept 20, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William M. Lisner	M.D.	30-B. Ridge Rd; Greenbelt	9/20/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/23/1950	Washington National Cemetery	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 22, 1950	James Sevey	Kelly's Funeral Home Inc.	3206- R.I. ave. Mt. Rainier, Md.

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU OF S

09459

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7117 White House Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
STREET ADDRESS (If rural give location) 7117 White House Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) DeGorgue
4. DATE OF DEATH (Month) 9 (Day) 27 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 19, 1901
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ashton DeGorgue
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Margaret DeGorgue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James S. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 9-27-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 10/2/1950 NAME OF CEMETERY OR CREMATORY Arlington Natl Cem LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. Sept. 28-1950 REGISTRAR'S SIGNATURE E. F. Collins
24. FUNERAL DIRECTOR N. W. Chambers Co ADDRESS 517-11th St

M

I

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VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

988V9

RECEIVED
OCT 3 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09460

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 50 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C.; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2370 - Champlain St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) EUTHA (Middle) MAE (Last) DICKERSON

4. DATE OF DEATH: (Month) SEPT. (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-13-12

9. AGE last birthday: 38 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic work

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Monroe, Georgia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Will Banks

14. MOTHER'S MAIDEN NAME: Frances Wyche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2 yr. 4 mo.

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 2, 1950, to SEPT. 21, 1950, that I last saw the deceased alive on SEPT. 21, 1950, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finucane M.D.,

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 9/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

DATE THEREOF: 9-21-50

NAME OF CEMETERY OR CREMATORY: —

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 9-22-50

REGISTRAR'S SIGNATURE: Mol Wells

24. FUNERAL DIRECTOR: Malvaux & Sckey, Inc.

ADDRESS: 424 R St., N.W. Washington, D.C.

52086

RECEIVED
SEP 27 1950
BUREAU P. S

MARYLAND STATE DEPARTMENT OF HEALTH

09461

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY PGeo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wood lawn
STREET ADDRESS (If rural, give location) 4814 69th Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Julia	Ann	Divver	Sept.	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Sept. 18, 1893	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Washington, D.C.	U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. Wilmer J. Nash - Woodlawn, Md. 4812 69th Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro-Spinal Meningitis	5 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Acidosis (3 days) - Diabetes Mellitus 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-4, 1950, to 9-4, 1950, that I last saw the deceased alive on 9-4, 1950, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Albert Roth M.D.	Riverdale Md.	9-4-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	9/7/50	Fort Lincoln	Bladensburg	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-5-50	Amanda Downey	Wm. Lee Sons Co.	360 - 4th St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
SEP 6 1950
BUREAU V. I

09462

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince Georges

City or town Oxon Hill Washington 20 DC
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Oxon Hill - Washington 20 DC
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7031 Oxon Hill Rd S.E. D.C. 20
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Elizabeth Brumbaugh Kensinger Durr

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	White	Widowed

6.(b) Name of husband or wife David L Durr Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 1 1874.

8. AGE:

Years	Months	Days	If less than one day
75	—	—	..... hrs. ..... min.

9. Birthplace Blair Co. Penna.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Isaac Kensinger
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Susan Brumbaugh
15. Birthplace Blair Co. Penna.

16. Informant Ellen McPherson (Daughter)

Address 7031 - Oxon Hill Rd S.E. Washington 20 DC

17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept. 5 1950 (month) (day) (year)

Cemetery or crematory

Location Martinsburg, Pa.

18. Funeral director Wm Demaine & Son

Address Alexandria, Va.

19. Sept 5 1950 Howard J Beall Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1950, at 7 A.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 14 1940, to Sept 5 1950, and that I last saw her alive on Sept 4 1950

Immediate cause of death	DURATION
acute myocardial Decompensation	24 hrs
Due to Cardio Vascular Renal Disease	Unknown
Due to —	
Other conditions Ventral hernia	2 years

442x
131a
(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul C Van Natta M. D.

Address 5440 Silver Hill Rd Washington 19 DC Date signed Sept 6 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

RECEIVED
SEP 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09463

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale Md / LENGTH OF STAY (in this place) 3 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Elizabeth	Easterday	Sept 16, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Oct 26, 1865	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Illinois	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sylverster Harrington	Hannah Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs Clara Hurley Glendale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	6 Mo
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 80b	(b) General arteriosclerosis	Indeterminate
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1947, to Sept 16, 1950 that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L W Mahn MD		Beverdale md	Sept 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	9/18/1950	Cedar Hill Crematory	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/18/50	Amanda Downey	F. Gasch's Sons	Hyattsville Md.
9/19/50	Agnes M. Gingling		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09464

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1958 Annapolis Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	C	Fittro	9	11	50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7/12/30	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto body worker		Virginia	U.S.A.

13. FATHER'S NAME: Rosco Martin Fittro

14. MOTHER'S MAIDEN NAME: Madge Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Hemorrhage, exhaustion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Crushed pelvis, fracture of the base of the skull	
(c)		

819.5
170

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Route # 301	Mitchellville	P. G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
9	8	50	5P m.			Passenger in an truck that struck a tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M. D.	Forestville, Md.	9/11/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/14-50.	Oak Grove	Charlestown W Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/12/50	Edw Hedrick DM	Edw Toulson	2359 Wash Blvd Balto Md

336 69

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

09465

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
LENGTH OF STAY (In this place) 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Airport Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location) Airport Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) Fleet
4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH about 1868
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm tenant.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Elizabeth Hamilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 9-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept. 6/50 NAME OF CEMETERY OR CREMATORY St. Marys LOCATION (City, town, or county) Croom. (State) Md

DATE REC'D BY LOCAL REG. Sept 6 1950 REGISTRAR'S SIGNATURE R. Carl Smith
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS 000 VV Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 9 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09466

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 41 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6393-ROLLINS AVE. WASHINGTON 19, D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DISTRICT HEIGHTS, MD
STREET ADDRESS (If rural, give location) 6393-ROLLINS AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BENJAMIN	ALFRED	FOWLER	SEPT.	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	Married	SEPT. 21, 1874	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER	FARM	SAME AS PRESENT RESIDENCE	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE ALFRED FOWLER	ROSETTA E. WILKINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE.	LOGAN FOWLER. SON - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Decubitus Ulcer - Acute, extensive	5 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic, hypertensive Heart disease	4 years
	(c) Genito-Urinary Infection - Chronic	3½ Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

443
93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1946 to Sept. 20, 1950, that I last saw the deceased alive on Sept. 18, 1950, and that death occurred at 11:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney W. Lowry M.D. 3829-Penn. Ave. S.E. Wash. 20 D.C.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 23-50	Forestville Cemetery	Forestville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 21-50	Carrie F. Campbell	W. W. Chambers & Washington D.C.	

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU V. S

09467

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly - LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4515 - Emerson St.

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) May (Last) Garrity

4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 4 May 1904

9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Penn.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Harry S Keen

14. MOTHER'S MAIDEN NAME Ida Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS James Garrity Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute heart failure - ascites	2 yrs.
410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92b	(b) Rheumatic heart disease	10 yrs.
	(c) severe mitral stenosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac cirrhosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1949, to 9-19, 1950, that I last saw the deceased alive on 9-19, 1950, and that death occurred at 5 50 A m., from the causes and on the date stated above.

SIGNATURE R H Barnes MD. (Degree or title) ADDRESS 4314 Gallatin St. Hyattsville, Md. DATE SIGNED 9-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial Burial

DATE THEREOF 9/22/50

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. 9/20/50

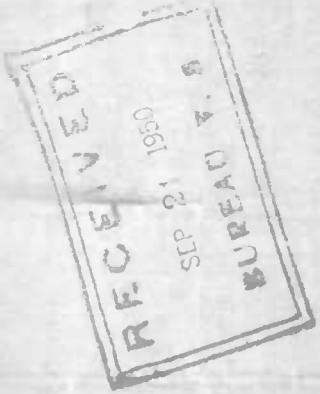
REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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09468

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tokoma Park — LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tokoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS -	STREET ADDRESS 1109 (If rural, give location) Merriwood Drive

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) Althea Dorsey (Last) Gibson			4. DATE OF DEATH (Month) 9/11/50 (Day) (Year) 19		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed	8. DATE OF BIRTH Oct 13, 1871	9. AGE last birthday 78 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Maryland.		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Phillip Henry Dorsey			14. MOTHER'S MAIDEN NAME Ann L. Bryant		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS John Bruff Tokoma Park Maryland.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
170X Immediate cause	(a) Carcinoma rt breast	14 yrs
50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension — 25 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to Sept 11, 1950, that I last saw the deceased alive on 9-11, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel M Bogeant	MD	Washington DC	9-11-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/13/50	all saints Cemetery	Oakley Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/12/50	Amanda Downey	F. Gasche Sons	Hyattsville MD
9/14/50	James Severy		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
SEP 15 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

09469

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Dale — LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 5113 C.St. S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	S.	Glenn	9-26 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	C	Married	Dec. 12-1915	34 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		S. Carolina	U.S.A.

13. FATHER'S NAME Clarence Glenn
14. MOTHER'S MAIDEN NAME Lydana Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sanatorium records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mediastinal edema & hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Edema of larynx & pass. congestion L. lung
(c) Surgical pneumonectomy for pul. T.B.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [redacted]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md 9-27-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-28-50 NAME OF CEMETERY OR CREMATORY The McGuire Funeral Home LOCATION (City, town, or county) Washington, D.C. (State)

DATE RECD BY LOCAL REG. 9/28/50 REGISTRAR'S SIGNATURE Amanda Dawson
24. FUNERAL DIRECTOR Robert F. McGuire ADDRESS

9/30/50 Agnes M. Geiginty

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
OCT 5 1950
BUREAU

09470

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland, Md.
STREET ADDRESS (If rural, give location) 4406 - Arnold Rd. SE.

3. NAME OF DECEASED (Type or Print) (First) ERMA (Middle) E (Last) GRAHAM
4. DATE OF DEATH (Month) Sept (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 22, 1905
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Everett E. Pumphrey
14. MOTHER'S MAIDEN NAME Cecilia Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Kendall T. Graham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
193X	Immediate cause	(a) Glioblastoma Multiforme (Left Temporal) Lobe of Brain.	2 yrs
54b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none	
		(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec 28 1949
19b. MAJOR FINDINGS OF OPERATION as described - advanced and extensive
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 5, 1948, to Sept 15, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 11 39 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] 5440 Silver Hill Rd SE Washington 19 DC Sept 15 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 18, 1950
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 1950
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J. William Lees Sons Co ADDRESS
Sept. 16 - Edna F. Collins 300 - 4th St. N.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1950
BUREAU

09471

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park | LENGTH OF STAY (In this place) 7 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 - 65th St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
STREET ADDRESS (If rural, give location) 416 - 65th Street

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Anna (Last) Gross
4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-19-91
9. AGE last birthday: 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Andrew Reinwald
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles J. Gross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x **Immediate cause** (a) Intra Cranial hemorrhage

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 9-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 9-22-50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 9-22-50 | REGISTRAR'S SIGNATURE: Carrie Campbell

24. FUNERAL DIRECTOR: Timothy Hanlon | ADDRESS: 641 D. St. N.E.

RECEIVED
SEP 23 1950
BUREAU V. S

09472

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~RIVERDALE~~ CHEVERLY
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEORGE GEN. HOSP. CHEVERLY MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
STREET ADDRESS (If rural, give location) 6320 POWHATAN ST.

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) RANDOLPH (Last) HAMERDINGER
4. DATE OF DEATH (Month) 9 (Day) 2 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 10-28-85
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPT. OF MOTOR VEHICLES
10b. KIND OF BUSINESS OR INDUSTRY TRAFFIC GOV'T
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wm. M. Hamerdinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE PULMONARY EDEMA	4 days
420.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	8 YRS.
93d	(c) HEART FAILURE	2 YRS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY FIBROSIS AND EMPHYSEMA 5 YRS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1950, to 9-2, 1950, that I last saw the deceased alive on 9-2, 1950, and that death occurred at 6:40 P.m., from the causes and on the date stated above.

SIGNATURE R. H. Bauer (Degree or title) M.D. ADDRESS 4314 GALLATIN ST. HYATTSVILLE MD. DATE SIGNED 9-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 9-6-50 NAME OF CEMETERY OR CREMATORY Congressional LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 9-3-50 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm. Lee Sons Co ADDRESS 300-4th NE

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09473

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 3 yrs., & 1 mo., & 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3930 B. St., S. E. ✓

3. NAME OF DECEASED (Type or Print): (First) LEONA (Middle) E. (Last) HAMILTON

4. DATE OF DEATH: (Month) SEPT. (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/3/1913

9. AGE last birthday: 36 yrs. — If under 1 year: Months —; If under 24 hrs.: Days —, Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesgirl

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Memphis, Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chester Jerrett

14. MOTHER'S MAIDEN NAME: Jessie Barbara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 5 yr. 8 mo.

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1947, to Sept. 7, 1950, that I last saw the deceased alive on Sept. 7, 1950, and that death occurred at 9:55 A. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 9/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 9-9-50 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG. 9/8/50 | REGISTRAR'S SIGNATURE: Nol Wilson

24. FUNERAL DIRECTOR: James T. Ryan | ADDRESS: 317 Penna ave, S.E. Washington, D.C.

27699

RECEIVED
SEP 14 1950
BUREAU V. S

M

09474

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 2409 - 59th Ave Cheverly Md

3. NAME OF DECEASED (Type or Print) (First) Dr. (Middle) William J. (Last) Heffner.			4. DATE OF DEATH (Month) Sept. (Day) 1st (Year) 1950	
5. SEX Male.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 1879	9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Physician		11. BIRTHPLACE (State or foreign country) Mass.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William S. Heffner			14. MOTHER'S MAIDEN NAME Mary Murphy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS D. Wm N. Heffner.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremic convulsion	10 min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Kidney failure c̄ Uremia	14 days.
	(c) Prostatic Hypertrophy	3 years

610X

137a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1950, to 9/1, 1950, that I last saw the deceased alive on 8/31/, 1950, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frederick E. Musser	MD.	7409 Varnum St	9/1/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE Sept. 5, 1950	NAME OF CEMETERY OR CREMATORY Mt. Olivet	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 9-2-50	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR Timothy Hanlon	ADDRESS 641-H-St N.E.

V 3292

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09475

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7000 Sheriff Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C.
STREET ADDRESS (If rural give location) 1615 Que St S. E. ✓

3. NAME OF DECEASED (Type or Print): (First) Wilbur (Middle) Lavane (Last) Hoebener

4. DATE OF DEATH: (Month) Sept (Day) 20, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3/11/1915

9. AGE last birthday: 35 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman West Brick Yard

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hazelton Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Hoebener

14. MOTHER'S MAIDEN NAME: Bertha Everet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Wesley C. Hoebener Washington D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

925.3 **Immediate cause** (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1866 (b) Suffocation

(c) Buried beneath cinders.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Brick yard (CITY OR TOWN) Fairmont Hts (COUNTY) Prince George's (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-20-50 2.00 p. m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell into chute & covered by cinders.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. M.E. Exam - Cheverly-Hyattsville Md 9-20-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9/20/50 NAME OF CEMETERY OR CREMATORY U. U. Chambers LOCATION (City, town, or county) (State) 517-11th St. S.E.

DATE REC'D BY LOCAL REG. 9-20-50 REGISTRAR'S SIGNATURE Amanda Downey Carrie J. Campbell.

24. FUNERAL DIRECTOR W. W. Chambers ADDRESS 6. Wash. D.C.

15627

RECEIVED
SEP 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09476

CERTIFICATE OF DEATH

Reg. Dist. No. 348

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4702 - Edmonston Rd

3. NAME OF DECEASED (Type or Print): (First) LILE (Middle) DORIN (Last) HONIG
4. DATE OF DEATH: (Month) 9/23 (Day) 50 (Year) 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1/7/1896
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborman
10b. KIND OF BUSINESS OR INDUSTRY: Capitol Co
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Paul Honig
14. MOTHER'S MAIDEN NAME: Essie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowo) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Earl Honig Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis acute — Interval between onset and death: 9/22/50

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anginal Pectoris — 7/3/45

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1950, to 9/23, 1950, that I last saw the deceased alive on 9/23, 1950 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry Hagerage 3717-38th Ave 9/23/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/24/50
NAME OF CEMETERY OR CREMATORY: Rock Creek
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Sept 25, 1950
REGISTRAR'S SIGNATURE: James Devey
24. FUNERAL DIRECTOR: F Gasche Sons ADDRESS: Hyattsville Md

45649

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SEP 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09477

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4602 Addison Rd (N.E.)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant.; STREET ADDRESS (If rural, give location) 4602 Addison Rd. (N.E.)

3. NAME OF DECEASED (Type or Print): (First) Eugenia (Middle) (Hortis) (Last) Hortes

4. DATE OF DEATH: (Month) Sept. (Day) 8, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Aug 15, 1894

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): GREECE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christ BALERBAS

14. MOTHER'S MAIDEN NAME: MARIA DMOS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: STEVENS DUKSON 4602 Addison Ch. Rd. N.E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X Immediate cause (a) Bronchogenic Carcinoma — Interval Between Onset and Death: 6 mos.

Antecedent cause(s)

47C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to September 8 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Robbin M.D. 1200 Lebanon Street Silver Spring Sept 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Sept 12, 1950

NAME OF CEMETERY OR CREMATORY: Northwood Cem.

LOCATION (City, town, or county) (State): Cambridge, Ohio

DATE REC'D BY LOCAL REG.: Sept 8-50

REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: W.W. Chambers Co.

ADDRESS: 517-11th St. SE. Wash., D.C.

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SEP 14 1950
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09478

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro | LENGTH OF STAY (in this place) 62
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md.
STREET ADDRESS (If rural, give location) Route 2. P.O. 2

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Clotida (Last) Jones

4. DATE OF DEATH: (Month) September (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 30, 1888

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Fletcher

14. MOTHER'S MAIDEN NAME: Maria Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: (Husband) Eugene Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH

501 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis

106 c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, office bldg., etc.): — | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 19 50, to Sept, 19 50, that I last saw the deceased alive on Sept 28, 19 50, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Clayton R. Hines M.D. — School St. Upper Marlboro Md. — 9/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 3, 1950 | NAME OF CEMETERY OR CREMATORY: St. Marys | LOCATION (City, town, or county) (State): Marlboro, Md.

DATE REC'D BY LOCAL REG.: Sept. 29-50 | REGISTRAR'S SIGNATURE: Carrie F. Campbell | FUNERAL DIRECTOR: John T. Stewart | ADDRESS: 30 H St NE.

RECEIVED
OCT 3 1950
BUREAU V. S

09479 231

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1883

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, LENGTH OF STAY (in this place) 6 days 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location) 3404-39th Ave

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) C (Last) Kestler

4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1950 7 10 pm

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-27-67
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired upholsterer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
446x Immediate cause	(a) Uremia	7 days
462 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	10 yrs.
	(c) Generalized arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, cecum — 3 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-31, 1950, to 9-6, 1950, that I last saw the deceased alive on 9-6, 1950, and that death occurred at 7 10 p m., from the causes and on the date stated above.

SIGNATURE Julius Kauffman (Degree or title) M.D. ADDRESS 5102 Annapolis Rd. Bladensburg Md. DATE SIGNED 9/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9 Sept 1950 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 9-8-50 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons - Hyattsville, Md. ADDRESS

153x

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

36485

RECEIVED
SEP 11 1950
BUREAU V. S

09480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Heights Md. — STREET ADDRESS (If rural, give location) 5206 Tilden Rd.

3. NAME OF DECEASED (Type or Print): (First) Alan — (Middle) Baby Boy Francis — (Last) Lamb

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 1, 1950

9. AGE last birthday: N.B. yrs. — If under 1 year: Months. Days 2 — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lamb Frank

14. MOTHER'S MAIDEN NAME: Casey Florence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records by Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease, Cor Biloculare, with anomalous origin of the pulmonary arteries from the trunk of the aorta.

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Pulmonary Congestion.

7541.4

1572

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2-, 1950, to 9-3, 1950, that I last saw the deceased alive on 9-2, 1950, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE: Emilie A. Black (Degree or title) M.D. ADDRESS 5051 Bradley Blvd. Bethesda Md. DATE SIGNED 9-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE Sept 6/1950 — NAME OF CEMETERY OR CREMATORY Mt Hurst — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 9-4-50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Gaeche Sons — ADDRESS Hyattsville Md

2-0-9-01-0-35-5-40-5

RECEIVED
SEP 6 1950
BUREAU V. S

09481

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l Hospital 4201 - Newark Rd 6 15 pm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) ELIZABETH (Last) LARISCY
4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 4-21-00
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY U S A

13. FATHER'S NAME Ernest Parrish
14. MOTHER'S MAIDEN NAME Evelyn Hendricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Marie Lariscy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	6 months
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Pyelonephritis	4 years
93d	(c) Hypertensive Cardio Vascular Disease	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 1, 1948, to Sep 22, 1950, that I last saw the deceased alive on Sep 22, 1950, and that death occurred at 6 15 P. m., from the causes and on the date stated above.

SIGNATURE Samuel J N Sugar (Degree or title) MD
ADDRESS 4300 Kaywood Dr Mt Rainier Md
DATE SIGNED 9/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/25/50
NAME OF CEMETERY OR CREMATORY F I Lincoln
LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REG. 9-24-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Rasch Sons Hyattsville Md ADDRESS

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 26 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09482

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4000 Branch Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural give location) 4000 Branch Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Walter (Last) Latimer

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 20, 1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John W. Latimer

14. MOTHER'S MAIDEN NAME: Eliza Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Richard R. Latimer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Sept 23, 1950, that I last saw the deceased alive on Sept 22, 1950, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James J. Boyd M.D. — Forestville Md — 9-23-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: Sept 26-1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG.: Sept 25-50 — REGISTRAR'S SIGNATURE: Howard J Beall — 24. FUNERAL DIRECTOR — ADDRESS: Lemmon Bros. 2007 Nicholson

Mrs. Alton Davis 26699 Wash 20 DC

RECEIVED
SEP 30 1950
BUREAU V. S

09483

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 804 22nd St., N. W.

3. NAME OF DECEASED (Type or Print) (First) JANIE (Middle) MARGARET (Last) LAWS
4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH 6/25/1906
9. AGE last birthday 44 yrs. If under 1 year Months – Days – If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Charwoman
10b. KIND OF BUSINESS OR INDUSTRY Naval Annex
11. BIRTHPLACE (State or foreign country) Raleigh, N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Laws
14. MOTHER'S MAIDEN NAME Betty Haywood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. –
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X Immediate cause (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 2 mos

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/50, 19....., to 9/28, 1950, that I last saw the deceased alive on 9/28, 1950, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 9/28/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) ✓ DATE THEREOF 9/29/50 NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 9-30-50 REGISTRAR'S SIGNATURE Moe Weiss 24. FUNERAL DIRECTOR Malvan + Schey ADDRESS 424-R St N.W.

214 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09484

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 mos., & 15 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 819 6th St., N. W.

3. NAME OF DECEASED (Type or Print) (First) Dolly (Middle) R (Last) Lee
4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11/23/1917
9. AGE last birthday 32 yrs. If under 1 year Months – Days – If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY Billy's Mercury, 615 7th St., SW Washington, D. C.
11. BIRTHPLACE (State or foreign country) Manasass, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nelson Ennis
14. MOTHER'S MAIDEN NAME Mollie Runner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 577-18-6283
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002A Immediate cause	(a) Pulmonary Tuberculosis Far Advanced	9 mons.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1950, to 9/14, 1950, that I last saw the deceased alive on 9/14, 1950, and that death occurred at 7 45 A m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 9/14/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Sept 16, 1950
NAME OF CEMETERY OR CREMATORY Mt. Comfort Cemetery
LOCATION (City, town, or county) Alexandria (State) Va.

DATE REC'D BY LOCAL REG. 9/15/50
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR Chambers Funeral Home ADDRESS 1400 Chapin St. NW Wash., D. C.

78071

RECEIVED
SEP 26 1950
BUREAU V. S

09485

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4905 Avondale Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4905 Avondale Rd

3. NAME OF DECEASED (Type or Print): (First) Biaggio (Middle) (Last) LoBuono

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 1 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Wholesale

10b. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Urbano LoBuono

14. MOTHER'S MAIDEN NAME: Madaline Giovannini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Anna E. Curtis 2003 Hayden Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 **Immediate cause** (a) Arteriosclerotic Cardio-vascular Decease — Interval Between Onset and Death: 14 years

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) —
(c) —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to Sept. 30, 1950, that I last saw the deceased alive on Sept. 30, 1950, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John E. Morris, M.D.
ADDRESS: 1746 K St NW
DATE SIGNED: 10-1-50

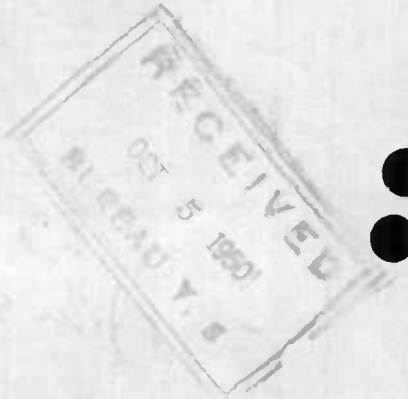
23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 3, 1950
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Pr. Geo. Co., Maryland

DATE REC'D BY LOCAL REG.: Oct 4, 1950
REGISTRAR'S SIGNATURE: James Sercey
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Georgia Ave., Silver Spring, Md.

15661

I certify that Dr. John T. Maloney, Prince George Deputy Medical Examiner notified and approved.

John E. Morris



09486

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7615 - Foster St. District Heights Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights Md
STREET ADDRESS (If rural, give location) 7615 Foster St. Washington 19 DC.

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) James (Last) Lyons.
4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) uncertain?
8. DATE OF BIRTH Nov 23 1881
9. AGE last birthday 68 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Structural Engineer.
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) New York City New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Fredrick M. Lyons.
14. MOTHER'S MAIDEN NAME Rose Schallenberger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS 104 Second Ave Mary M Lyons - New Arts New Jersey.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	8 hrs
250X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	unknown
94a	(c) Parkinsons Disease (Palsy)	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At wnrk ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar 3, 1948, to Sept 26, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 8 50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul C Van Natta
ADDRESS Washington 19 DC
DATE SIGNED Sept 26 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/28/50
NAME OF CEMETERY OR CREMATORY Epiphany Cemetery
LOCATION (City, town, or county) Forestville Md. (State)

DATE REC'D BY LOCAL REG. Sept 27 1950
REGISTRAR'S SIGNATURE E. F. Collins
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS 517 11th St SE

V16V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
OCT 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09487

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn — LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4800 Hollywood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) FRANCES (Last) Mathews

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 25, 1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Browntown, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Heflin

14. MOTHER'S MAIDEN NAME: Caroline Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Ella Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerosis — Interval between onset and death: 3 yrs.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chr. Myocarditis — 1 yr.
934
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1st, 1950, to Sept. 1, 1950, that I last saw the deceased alive on Aug. 31st, 1950, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank S. Shipley, M.D. Savage, Md. 9/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 3/1950 — NAME OF CEMETERY OR CREMATORY: Savage Cemetery — LOCATION (City, town, or county) (State): Savage, Maryland

DATE REC'D BY LOCAL REG. 9-15-50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Neldritt Donaldson — ADDRESS: Laurel, Md.

VS. A15

RECEIVED
SEP 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

09488

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2145

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY Kings County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn N. Y.
STREET ADDRESS (If rural give location) 855 Green Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Leon (Middle) Mc Million (Last)

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/13/1920

9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: General work

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Mc Million

14. MOTHER'S MAIDEN NAME: Mammie Kinard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Martha Williams Brooklyn N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fracture of pelvis & fracture

816.5 170c (c) of lumbar vertebrae Multiple lacerations of body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) Beltsville (COUNTY) Prince Georges (STATE) Md

TIME OF INJURY (Month) 9 (Day) 16 (Year) 50 (Hour) 4:10 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Collision between 2 motor vehicles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Chevaly Md 9-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 9/19/50 — NAME OF CEMETERY OR CREMATORY: Farley Funeral Home — LOCATION (City, town, or county) (State): Brooklyn New York

DATE REC'D BY LOCAL REG. Sept 19, 1950 — REGISTRAR'S SIGNATURE James Seery

24. FUNERAL DIRECTOR — ADDRESS: F. Gasch's Sons Hyattsville Md.

52099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09489

Reg. Dist. No. 245

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5600 - 56th Ave — MARYLAND — LENGTH OF STAY (In this place) 3 weeks — HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Riverdale, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale — STREET ADDRESS (If rural give location) 5600 - 56th Ave Apt #201

3. NAME OF DECEASED (Type or Print): (First) Christian (Middle) Otto (Last) Middledorf

4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 27 1889

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: grocer (SELF)

11. BIRTHPLACE (State or foreign country): Washington, DC

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Casper Middledorf

14. MOTHER'S MAIDEN NAME: Barbara B. Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT: Dora M. Middledorf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

161X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47a (b) Carcinoma of larynx — 9 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 9-5-50

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 9/8/1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Suitland, Pr Geo Co, Md.

DATE REC'D BY LOCAL REG.: Sept 6, 1950 — REGISTRAR'S SIGNATURE: James Seery

24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: Riverdale, Md

15661

VS. A15A

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SEP 11 1990
BUREAU V. S.

09490

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) 9 - 25 - 50 19

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug 24, 1891 | 9. AGE last birthday 59 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W. | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (State or foreign country) Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Cumberland | 14. MOTHER'S MAIDEN NAME Charlotte Love

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Tamponade due to rupture of myocardium — Suddenly

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Myocardial Infarction due to thrombosis of left coronary — Anterior descending branch. — 6 days

93d (c) Hypertensive arteriosclerotic heart disease — 3 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1950, to Sept 25, 1950, that I last saw the deceased alive on 9-25, 1950, and that death occurred at 12 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

W. Suit Ritchie M.D. | 7005 Ritchie Rd SE Washington 19 D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/27/50, | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG 9/27/50 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR J. Gaecha Sons | ADDRESS Hyattsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 28 1950
BUREAU T. S

09491

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Upper Marl. LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Largo Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 1424 Trinidad Ave., N. E. ✓

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Valentine (Last) Morien
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5- 10- 1920
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Veterans Adm.
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard Valentine Morien
14. MOTHER'S MAIDEN NAME Ivy Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs. E. J. Wells, 1424 Tiinidad Ave. Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun-shot wound of head

164e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY In woods (CITY OR TOWN) Largo (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 9 (Day) 7 (Year) 50 (Hour) 7:00 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot self with 22 cal rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE James J. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 9-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9/11/50 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. Sept. 8-1950 REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517 11th St SE Wash DC

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
SEP 15 1950
BUREAU OF S

09492

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights Md | LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4815 Clark street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights, Md.
STREET ADDRESS (If rural, give location) 4815 Clark st

3. NAME OF DECEASED (Type or Print): (First) SILAS (Middle) JACOB (Last) NEWCOMER
4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED
8. DATE OF BIRTH: 20 JAN., 1864
9. AGE last birthday: 86 yrs. | If under 1 year: Months 9 | Days 4 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: GAS APPLIANCES
11. BIRTHPLACE (State or foreign country): LEITERSBURG, MD.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: JOHN NEWCOMER
14. MOTHER'S MAIDEN NAME: MISS BARKDOL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowo) NO | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: SON-John D. Newcomer 4815 Clark st, Boulevard Heights Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage.
331X Antecedent cause(s)
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NATURAL
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Sept., 1950, to 24 Sept., 1950, that I last saw the deceased alive on 23 Sept., 1950, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Ernest E. Carnelsen, MD | 4400 Bowen Pl. S.E. Wash 19, D.C. | 9/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 9/25/50 | NAME OF CEMETERY OR CREMATORY LEITERSBURG MD CHURCH | LOCATION (City, town, or county) LEITERSBURG, MD. (State)

DATE REC'D BY LOCAL REG. Sept. 24-50 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS 517 11th St SE

VS-A15

27868

RECEIVED
SEP 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09493

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4008 - 29th st.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 4008 - 29th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Simon	C.	Nichols	Sept.	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan. 20 1880	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Conductor	Car. transit	Maryland	U.S.A.

13. FATHER'S NAME Camden Nichols
14. MOTHER'S MAIDEN NAME Emma Walters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	578-10-5236	Mrs. Nichols (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Heart Disease	2½ years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	15 years
	(c)	

260X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18, 1950 to 9-11, 1950 that I last saw the deceased alive on ~~9-11~~ 9-11-1950, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A.B. Cooper, M.D.	Mt. Rainier Md	9-12-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/14/50	Glenwood Cemetery	Wash, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 14 1950	James Devers	Nalley's Funeral Home	3200 - R.I. Ave. Mt. Rainier, Md.

43049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

09494

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) 29 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6305--60th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale,; STREET ADDRESS (If rural, give location) 6305--60th Avenue

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) SARAH (Last) O'DAY

4. DATE OF DEATH: (Month) Sept. (Day) 28th, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 8/13/1859

9. AGE last birthday: 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Constaine Blanchard

14. MOTHER'S MAIDEN NAME: Threasa Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nnknown) No (If year, give war or dates of service) none

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Marie Ferguson, Daughter 8505 Potomac Ave., College Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 2 weeks

450X

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteri-Sclerosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia. — 1 week.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1950, to Sept 28, 1950, that I last saw the deceased alive on 9/28/, 1950, and that death occurred at 11:35P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert Roth, M.D. 8507 Woodlawn St. Riverdale 9/29/50.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE Oct. 2/1950 — NAME OF CEMETERY OR CREMATORY CONGRESSIONAL — LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REG. Sept. 29, 1950 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers Company, Riverdale, Md.

RECEIVED
OCT 2 1950
BUREAU W. B.

MARYLAND STATE DEPARTMENT OF HEALTH

09495

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale.; STREET ADDRESS (If rural, give location) 6205 - 60th Place.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louis	A	Oehmler -	Sept	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	married	7-31-77 -	73. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-Skilled Worker-Tool Grinding		Penn.	

13. FATHER'S NAME [redacted] Oscar Oehmler

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis, right cerebral hemisphere	
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arteriosclerotic heart disease	
117a	(c) Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-12, 1950, to 9/18, 1950, that I last saw the deceased alive on 9-18, 1950, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE Albert Roth M.D. (Degree or title) ADDRESS Riverdale Md. DATE SIGNED 9/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-21-50	Ft Lincoln	Cottage City	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/18/50	Amanda Downey	W W. Shamber	Riverdale. Md.

49697

RECEIVED
SEP 20 1950
BUREAU V. S

09496

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

FILM No. G 128 OCT 31 1950

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Lanham — MARYLAND — LENGTH OF STAY (In this place): 10 mos. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7729 Emerson Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Pr Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: W. Lanham — STREET ADDRESS (If rural give location): 7729 Emerson Road.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Paddy

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 27th 1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Paddy

14. MOTHER'S MAIDEN NAME: Hester Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Pearl Kerr - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

4/12X
13/a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville Md 9-16-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/19/50 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): Lothian Md.

DATE REC'D BY LOCAL REG.: Sept 18 1950 — REGISTRAR'S SIGNATURE: Robert Smith

24. FUNERAL DIRECTOR ADDRESS: Ritchie Bros. - Upper Marlboro, Md.

OOOVV

RECEIVED
SEP 21 1960
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09497

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PG MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENTLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HYATTSVILLE PG.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENTLAND
STREET ADDRESS (If rural, give location) 7601 Hawthorne st.

3. NAME OF DECEASED (Type or Print) (First) GENEVIEVE (Middle) (JENNIE) (Last) PIERCE

4. DATE OF DEATH (Month) Sept. (Day) 15 (Year) 1950 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 31 Dec. 1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Ischua, N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME WM. OSGOOD
14. MOTHER'S MAIDEN NAME HENRIETTA WEBSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS GEORGE G. GREENING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic gangrene both lower extremities - Severe — INTERVAL BETWEEN ONSET AND DEATH 2 years

447 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis generalized — 4-5 yrs.

97 (c) and Hypertension Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) Sept (Day) 15 (Year) 1950 (Hour) 5 40 A.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Sept 15, 1950, that I last saw the deceased alive on Sept. 14, 1950, and that death occurred at 5 40 A.m., from the causes and on the date stated above.

SIGNATURE Sidney W. Lowry (Degree or title) M.D. ADDRESS DATE SIGNED
SIDNEY W. LOWRY District Hts. Md. 7601 Gateway Blvd. District Height

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 15, 1950
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) (State) Ischua, N.Y.

DATE REC'D BY LOCAL REG. 9-15-50
REGISTRAR'S SIGNATURE Mr. J. E. Severe per wa
24. FUNERAL DIRECTOR W.W. CHAMBERS CO. ADDRESS RIVERDALE MD

RECEIVED
OCT 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 09498

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights | LENGTH OF STAY (In this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 605-58th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 605-58th Ave

3. NAME OF DECEASED (Type or Print): (First) Leonadus (Middle) Rosser (Last) Porter
4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 20, 1880
9. AGE last birthday 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Short order Cook
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Monroe, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Porter
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoowo) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Maude Porter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

4420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1310 (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James J. Boyd M.D. Forestville Md 9-7-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/7/1950 | NAME OF CEMETERY OR CREMATORY St. Paul Cemetery | LOCATION (City, town, or county) Alexandria (State) Va

DATE REC'D BY LOCAL REG. 9-9-50 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR H. H. Chambers Co | ADDRESS 517-11th SE

220 71

RECEIVED
SEP 14 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

09499

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN George Palmer Highway — LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Dodgis Park.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) Box 13 - Glen Arden

3. NAME OF DECEASED (Type or Print): (First) Darius (Middle) Elsworth (Last) Prather, Jr.

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1950

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 17, 1918

9. AGE last birthday 32 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Dodger Garage

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Darius Prather sr

14. MOTHER'S MAIDEN NAME Sarah Copeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.

17. INFORMANT Theodore Prather 604-60 ave Fairmont Hts MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage o shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound, comminuted fracture of skull

(c)

816.5
170c

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING ☐) CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street

(CITY OR TOWN) Dodgis Park - Pr. Geo - (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 9-13-50 7.30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Collision with oil tank truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Malone, M.D. Dep. Md. Exam. Cheverly Hyattsville Md 9-13-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9/17/50 NAME OF CEMETERY OR CREMATORY BROOKE GROVE LOCATION (City, town, or county) Laytonsville (State) Md.

DATE REC'D BY LOCAL REG. 9/14/50 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR R. L. Snowden ADDRESS Rockville, Md.

332 84

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09500

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince George's; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: T. B.
LENGTH OF STAY (In this place): Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route # 5

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY: [illegible]; STATE: District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1243 A South Capital ✓

3. NAME OF DECEASED (Type or Print): (First) Eloise (Middle) (Last) Proctor
4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	About 1920	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nathaniel Morse
14. MOTHER'S MAIDEN NAME: Blossie Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Proctor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of the base of the skull

(c)

8235
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: at place of death (CITY OR TOWN): T. B. (COUNTY): Pr. Geo. (STATE): Md.
TIME OF INJURY (Month) 9 (Day) 24 (Year) 50 (Hour) 3:30 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Passenger in a car that ran off Rd

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd (Degree or title): M. D. ADDRESS: Forestville, Md. DATE SIGNED: 9/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): ☒ DATE THEREOF: 9-24-1950 NAME OF CEMETERY OR CREMATORY: Woodlawn LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Sept. 24 1950 REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR: Barnes & Matthews ADDRESS: 614-4" St. S.W.

4488

RECEIVED
OCT 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09501

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville. LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.

STREET ADDRESS (If rural give location) 1804 - Irving St N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) Inez (Middle) (Last) Rackley

4. DATE OF DEATH (Month) Sept. (Day) 29 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 18-1881

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Fayetteville N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William F. Rackley

14. MOTHER'S MAIDEN NAME Mary E. Rackley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443X	Immediate cause	(a) Cerebral Hemorrhage	1 month
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	15 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1950, to 9-29, 1950, that I last saw the deceased alive on 9-29, 1950, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE John P. Cum (Degree or title) M.D. ADDRESS 6110 43rd Ave Hyattsville Md DATE SIGNED 9-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal. DATE THEREOF Sept 28-1950 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Greensboro. (State) N.C.

DATE REC'D BY LOCAL REG. Sept 30, 1950 REGISTRAR'S SIGNATURE James Seeley

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 - La Ave. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park — LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural give location): 4331 Rawalt Str.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ELLEN (Last) RAY
4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/27/1869
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Cyrenne Hall
14. MOTHER'S MAIDEN NAME: Astronica Cheney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Elizabeth M. Ray College Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pulmonary Congestion	4 dys
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	6 Mos
83 b	(c) Generalized Arteriosclerosis	—

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to Sept, 1950, that I last saw the deceased alive on 12 Sept, 1950, and that death occurred at 9 40 A m., from the causes and on the date stated above.

SIGNATURE: A. L. Etienne (Degree or title) M.D. ADDRESS: College Park, Md DATE SIGNED: 9-12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/14/50
NAME OF CEMETERY OR CREMATORY: Ft Lincoln
LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Sept. 12 1950
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy Local)
24. FUNERAL DIRECTOR: L. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 14 1960
BUREAU V. I

09503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN: Glenn Dale (rural)
LENGTH OF STAY (in this place): 1 yr., 6 mos., & 24 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C. COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1017 P. Street, N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILBUR	J	REID.	Sep.	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Separated	2/2/1908	42 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Helper	Chestnut Farms Dairy	Buford, Ga.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sylvester Reid	Mabel Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	-	578-18-2655	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis	2 years.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-21-, 1949, to 9-14-, 1950, that I last saw the deceased alive on 9-14-, 1950, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finnegan (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 9/14/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	9/15/50	-	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/16/50	Robert Weiss	W. Ernest Jarvis Co., 1432 M. Street S.W.	

43262 Wash., D.C.

RECEIVED
SEP 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09504

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale; LENGTH OF STAY (In this place): 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 5512 - 38th Ave - Hyattsville
STREET ADDRESS (If rural, give location): Hyattsville, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	S.	Reiff	Sept	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug. 15th 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Int. Revenue	Balt. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel A. Reiff	Ella Slingluff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Sp. Amer. War	578-30-5573	Emma W. Reiff - Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause (a) Acute congestive heart failure	
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam.		Cheverly Hyattsville, Md	9-17-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-18-50	Arlington National	Arlington Co. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 18 1950	Mrs. Jas. Devere (Deputy)	W. W. Chambers Co.	Riverdale, Md.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

09713

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY PRINCE GEORGE'S — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. SPRINGFIELD | LENGTH OF STAY (In this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lithicum Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPRINGFIELD
STREET ADDRESS (If rural, give location) Lithicum Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LULU	BELLE	RICE	September 15 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	Married	~~1890~~ 12-4-1889	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
hwf	hwf	Penna.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAVID DERBLER, Penna.	EMMA HUNTSBERGER, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Ewart R. Rice, Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	Lt. Dep. Md. Exam	Cheverly-Hyattsville Md	9-15-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-18-50	Geo Wash Mem Cem	PG co Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REPLACED 11/21/50 L	AMANDA DOWNEY	HYSONG FUNERAL HOME	1300 N St. nw DC 5

URGENT REPLACEMENT CER. LL 11/21/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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NOV 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09505

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hgts. | LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hgts.
STREET ADDRESS 4913 7 St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CLAUDE (Middle) EDWARD (Last) RIGHTER

4. DATE OF DEATH (Month) Sept. (Day) 14th (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 6/9/02 | 9. AGE last birthday 48 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY P.E.P.CO. | 11. BIRTHPLACE (State or foreign country) Washington, DC | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George E. Righter | 14. MOTHER'S MAIDEN NAME Georgiana F. Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. 577-09-3448 | 17. INFORMANT AND ADDRESS Ethel M. Righter (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSSION, ACUTE	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY HEART DISEASE	1 year
	(c)	

420.1 940a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Virus Pneumonia — 1 week

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 8, 1949, to SEPT 14, 1950, that I last saw the deceased alive on SEPT 14, 1950, and that death occurred at 6:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ernest E. Cornbrew M.D.	4400 Bower Rd. SE	Sept 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9/18/50 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Landover Md (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-15-50	Carrie F. Campbell	W. W. Chambers Co.	517 11th St SE

33699 Wash. DC

VS. A15

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SEP 19 1950
BUREAU V. S

09506

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 272

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dianwood — LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5004 Nye St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dianwood
STREET ADDRESS (If rural give location) 5004 Nye St

3. NAME OF DECEASED (Type or Print): (First) Alberta (Middle) Gertrude (Last) Roberts

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: March 18, 1892 — 9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Washington D.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horsey Williams — 14. MOTHER'S MAIDEN NAME: Nina (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT: Luvis Roberts - Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X
61

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Malone M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 9-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 7 19 — NAME OF CEMETERY OR CREMATORY: Lincoln Memorial — LOCATION (City, town, or county) (State): Md. Suitland

DATE REC'D BY LOCAL REG. 9-5-50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Johnson & Jenkins — ADDRESS: 2053 Ga. Ave. Wash D.C.

Carrie F. Campbell

VS. A15A

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SEP 8 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09507

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt — LENGTH OF STAY in this place 4 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13-N-Hillside Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY P. G's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 13-N-Hillside Road

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) (Antonio) (Last) Russo
4. DATE OF DEATH: (Month) Sept. (Day) 9th (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 21/1876
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10b. KIND OF BUSINESS OR INDUSTRY: Terra Cotta Industry
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lawrence Russo
14. MOTHER'S MAIDEN NAME: Mary C. Mangiacasale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: 132-07-5766
17. INFORMANT AND ADDRESS: Mary C. Andretta - 13N. Hillside Road Greenbelt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Immediate

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-renal disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1950, to Sept 8, 1950, that I last saw the deceased alive on August 24, 1950, and that death occurred at 1:15 A m., from the causes and on the date stated above.

SIGNATURE Hans Wodale (Degree or title) M.D. ADDRESS 30-B Bridge Rd, Greenbelt, Md. DATE SIGNED Sept 9, 1950

23. BURIAL, CREMATION or REMOVAL (Specify): Burial | DATE: Sept. 9/1950 | NAME OF CEMETERY OR CREMATORY: Unknown | LOCATION (City, town, or county) (State): Woodbridge N.J.

DATE REC'D BY LOCAL REG. September 12-50 | REGISTRAR'S SIGNATURE: John D. Smith | 24. FUNERAL DIRECTOR: W.W. Chambers Co. — ADDRESS: Riverdale Md.

44806

RECEIVED
SEP 14 1950
BUREAU V. S

09508

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6002 Rhode Island Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) CATHERINE (Last) Saville

4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 1950

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-10-89
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Albert James Klein
14. MOTHER'S MAIDEN NAME Annie North Craft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peritonitis and Intestinal Obstruction

46d (c) Carcinoma of Rectum.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATIONS Sept 13, 22, 1950
19b. MAJOR FINDINGS OF OPERATION 1. Intestinal obstruction 2. Peritonitis
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1950, to Sep 25, 1950, that I last saw the deceased alive on 9-25, 1950, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE John H. Bayly, M.D. (Degree or title) ADDRESS 1835 Eye N.W., Wash., D.C. DATE SIGNED Sep 25. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/28/50
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 9/27/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha Sons Hyattsville Md. ADDRESS

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 28 1960
RECEIVED

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09509

CERTIFICATE OF DEATH

Reg. Dist. No. ~~1885~~ Reg Dist. No 240

1. PLACE OF DEATH · COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Upper Marlboro Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Kate (Middle) H (Last) Smith

4. DATE OF DEATH (Month) Sept (Day) 20 (Year) 1950

5. SEX F.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid

8. DATE OF BIRTH Dec 18 – 1868

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME Henry Habich

14. MOTHER'S MAIDEN NAME Elizabeth Krug

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Bessie Thorne Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unk
	(c) Coronary Insufficiency	4 yrs

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 20, 1950, that I last saw the deceased alive on 18 Sept, 1950, and that death occurred at 6.00 p.m., from the causes and on the date stated above.

SIGNATURE R B Tassier MD (Degree or title) ADDRESS Upper Marlboro, Md DATE SIGNED 21 Sept 50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 9-23-50 NAME OF CEMETERY OR CREMATORY Christ Church Cemetery LOCATION (City, town, or county) Accokeek Md (State)

DATE REC'D BY LOCAL REG. 9-20-50 REGISTRAR'S SIGNATURE M. L. Thomas 9-23-50 F. H. Billingsley

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS

RECEIVED
SEP 26 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09510

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince George; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin	Theodore	Spencer	9	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	9-4-1909	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-Farm
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Upper Marlboro, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Allen W. Spencer
14. MOTHER'S MAIDEN NAME: Mary Jane Douglas -(Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Lucille Spencer Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

8125 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crush skull, crushed chest and

1700 (c) abdomen, fractures of both femurs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: State Road
(CITY OR TOWN): Upper Marlboro P. J.
(COUNTY): Pg
(STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 9: 2 50 10 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Pedestrian struck by an auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Boyd (Degree or title): M.D ADDRESS: Forestville Md DATE SIGNED: 9-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: Sept 6-1950 NAME OF CEMETERY OR CREMATORY: St Marys LOCATION (City, town, or county): Croom (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 3-1950
REGISTRAR'S SIGNATURE: Edna F. Collins
24. FUNERAL DIRECTOR: J. B. Johnson ADDRESS: 600 W Annapolis Md

RECEIVED
SEP 8
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09511

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) Brown Station Road

3. NAME OF DECEASED (Type or Print): (First) Carroll (Middle) Ann (Last) Thomas

4. DATE OF DEATH: (Month) 9/ (Day) 10/ (Year) 50 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1945

9. AGE last birthday: 5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Forestville, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Richard Owen Thomas

14. MOTHER'S MAIDEN NAME: Elizabeth Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Albert Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia and shock

916.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Universal burns of the body

180

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Forestville (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 9/10/50 1:00A.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? In house that burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 9/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/12/50
NAME OF CEMETERY OR CREMATORY: Lincoln Memorial
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Sept 11, 1950
REGISTRAR'S SIGNATURE Mrs. Smith

24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS Upper Marlboro, Md.

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09512

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville — LENGTH OF STAY (In this place) 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station Road	STREET ADDRESS (If rural, give location) Brown Station Road

3. NAME OF DECEASED (Type or Print)	(First) Richard	(Middle) Owen	(Last) Thomas	4. DATE OF DEATH	(Month) 9	(Day) 10	(Year) 50
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10/23/05	9. AGE last birthday 44 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Forestville, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Richard E. Thomas	14. MOTHER'S MAIDEN NAME Lydia Queen						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Albert Thomas					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock and asphyxia

916.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Universal burns of the body

180

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Forestville	(COUNTY) P. G.	(STATE) Md.
TIME OF INJURY (Month) 9 (Day) 10 (Year) 50 (Hour) 1:00A m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? In house that burned		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Boyd	M. D.	Forestville, Md.	9/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/12/50	NAME OF CEMETERY OR CREMATORY Lincoln Memorial	LOCATION (City, town, or county) Suitland	(State) Md.
DATE REC'D BY LOCAL REG. Sept 11, 1950	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Ritchie Bros.	ADDRESS Upper Marlboro, Md.	

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 13 1950
BUREAU V. S

09513

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: PRINCE GEO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Hgts
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1007-58th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND COUNTY: PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FAIRMONT HEIGHTS
STREET ADDRESS (If rural give location): 1007-58th AVENUE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA		TIBBS	SEPT. 24, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	COLORED	SINGLE	2-28-1906	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DOMESTIC		WASHINGTON, D.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARRY TIBBS	EMMA CONNOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO		MRS. ETTA SHARPE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HYPERTENSIVE HEART DISEASE	10 YEARS
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) CEREBRAL APOPLEXY	24-HOURS
	(c)	

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: HEART FAILURE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NEITHER	NONE	WASHINGTON	D.C.	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE m.		NONE

22. I hereby certify that I attended the deceased from 19th Sept, 1950, to 23rd Sept, 1950 that I last saw the deceased alive on 9/23/, 1950, and that death occurred at 10 05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Granville H. Moore Jr. M.D.	1238-H-Street, N.E.	9/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-28-1950	LINCOLN	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-24-50	Carrie I. Campbell	John T. Stewart	30-A St. N.E.

52086

VS. A15

RECEIVED
SEP 29 1950
BUREAU

#3. Film 6175 1-12-55 JT

MARYLAND STATE DEPARTMENT OF HEALTH

09514

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 Montgomery St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 313 Montgomery St

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) ALSO KNOWN AS: T (Last) Tuozzo (THOMAS TUTHILL)

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 6-9-1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired short order cook - restaurant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Frank Tuozzo
14. MOTHER'S MAIDEN NAME Rachael Jonataso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT Amelia Amendum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney - MD - Dep. Med Exam. Cheverly, Md 9-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 12, 1950
NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery
LOCATION (City, town, or county) (State) Pineland, New Jersey

DATE REC'D BY LOCAL REG. Sept. 8-1950
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR ADDRESS De Witt Donaldson Laurel, Md.

72071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 13 1950
BUREAU V. S

09515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Turner

4. DATE OF DEATH (Month) Sept. (Day) 19 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept 20/81

9. AGE last birthday 69 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor, On Farm

10b. KIND OF BUSINESS OR INDUSTRY Farm Hand

11. BIRTHPLACE (State or foreign country) P. G. Co

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Thomas Turner

14. MOTHER'S MAIDEN NAME Maria Hebron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Martha Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 3/4 hrs

420.1 / 91a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 48, to Sept 19, 1950, that I last saw the deceased alive on 19 Sept, 1950, and that death occurred at 5 45 A. m., from the causes and on the date stated above.

SIGNATURE Robert B Lamar (Degree or title) M D ADDRESS Upper Marlboro, Md. DATE SIGNED 20 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept. 22/50 | NAME OF CEMETERY OR CREMATORY Mt Nebo | LOCATION (City, town, or county) Mitchellville (State) Md

DATE REC'D BY LOCAL REG. Sept 22 1950 | REGISTRAR'S SIGNATURE Edna F Collins

24. FUNERAL DIRECTOR J. B. Johnson 866 W ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
OCT 3 1950
BUREAU V. S

09516

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) J. (Last) Usilton
4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1950
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8/8/1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Andrew Willoughby
14. MOTHER'S MAIDEN NAME Anne Willoughby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Howard Usilton Greensboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Acute Congestive Heart Failure	24 hr
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Asthma	10 yr +
		(c) Generalized Arteriosclerosis	—

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic Heart Disease —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Sept, 1950, that I last saw the deceased alive on 6 Sept, 1950, and that death occurred at 2:55 A m., from the causes and on the date stated above.

SIGNATURE C. L. Etienne (Degree or title) M.D. ADDRESS College Park Md DATE SIGNED 9-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/10/50
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REG. Sept 6, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09517

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor, Maryland
STREET ADDRESS (If rural, give location) 3608 - 39th Avenue

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) (Last) Uusitalo

4. DATE OF DEATH (Month) Sept. (Day) 13, (Year) 1950

5. SEX m
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 2, 1898
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Finland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unk.
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records Prince Georges Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
581.0 Immediate cause	(a) Hepatic insufficiency	9-1-50
124 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of liver	
	(c) Esophageal Varices	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1950 to 9/13, 1950, that I last saw the deceased alive on 9/13, 1950, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE George Yoagerge (Degree or title) ADDRESS 3717 - 38th Ave Coverage City Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 15, 1950
NAME OF CEMETERY OR CREMATORY Washington Natl
LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. 9-15-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W W Chambers
ADDRESS 6 1400 Chapin 30809 Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 09518

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome Station
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Croome Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome Station
STREET ADDRESS (If rural give location) Croome Road

3. NAME OF DECEASED (Type or Print) (First) Eleanor (Middle) Louise (Last) Warner
4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 1958
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 23, 1914
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Ida Hensen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William W. Warner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

645.0 Immediate cause (a) Hemorrhage and shock

142 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured tubal pregnancy

(c) Fetus 4 inches long

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James J. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 9-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 26 Sept 50
NAME OF CEMETERY OR CREMATORY Rollins Funeral Home
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 9-26-50
REGISTRAR'S SIGNATURE Amanda Downey
Mr. R. E. Smith
24. FUNERAL DIRECTOR F. Garchis Sons
ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
SEP 29 1980
BUREAU V. 3

MARYLAND STATE DEPARTMENT OF HEALTH

09519

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frank Burroughs Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Washington

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Strike out): Married

8. DATE OF BIRTH: 1885

9. AGE last birthday: 65 [redacted] yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jeff Washington

14. MOTHER'S MAIDEN NAME: Mary Spriggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Julia Washington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1310 (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Ford (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 9-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Sept 9 1950 — NAME OF CEMETERY OR CREMATORY St. Mary's — LOCATION (City, town, or county) (State) Croom. Md

DATE REC'D BY LOCAL REG. Sept. 9 1950 — REGISTRAR'S SIGNATURE R. Ernest Smith

24. FUNERAL DIRECTOR J. B. Johnson — ADDRESS 866 W Annapolis

VS. A15A

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RECEIVED
SEP 13 1950
BUREAU V. S

09520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1021 South Barnaby terrace S.E.

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) (Last) Wenczkowski
4. DATE OF DEATH (Month) Sept. (Day) 30 (Year) 1950

5. SEX Female
6. COLOR OR RACE Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-22-1883
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NSWF
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Wawrzyniak
14. MOTHER'S MAIDEN NAME Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-05-9295
17. INFORMANT AND ADDRESS (daughter) Mrs Laura Strange Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
151X	Immediate cause	(a) Carcinoma of stomach with generalized metastases	3 mo.
46b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 24, 195
19b. MAJOR FINDINGS OF OPERATION Generalized Carcinomatitis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1950, to Sept 30, 1950, that I last saw the deceased alive on Sept 30, 1950, and that death occurred at 11 25 a.m., from the causes and on the date stated above.

SIGNATURE L W Medina (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 9-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-3-50
NAME OF CEMETERY OR CREMATORY Holy Rosary
LOCATION (City, town, or county) (State) Balto - Md

DATE REC'D BY LOCAL REG. 10/2/50
REGISTRAR'S SIGNATURE R. W. Heduce
24. FUNERAL DIRECTOR Lolly & Zuler ADDRESS Balto - Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09521

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3016 Otis Street N.E. ✓

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Wightman

4. DATE OF DEATH (Month) Sept. (Day) 14 (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 13, 1891

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Home.

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastric apoplexy	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral apoplexy	6 hours
	(c) Hypertension	6 years

331X
830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1950, to Sept 14, 1950, that I last saw the deceased alive on 9-14, 1950, and that death occurred at 8 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Benjamin S. Miller M.D. 3824-34 St Mt Rainier Sept 14 1950

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

DATE THEREOF 9-14-50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 9/14/50

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS H. H. Hines Co, Washington 9, D.C.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09522

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 mos., & 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 411 First Street, N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) MAE (Last) WILLIAMS

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/1/29

9. AGE last birthday: 21 yrs. If under 1 year: Months 2 Days 23 If under 24 hrs.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Riley Williams

14. MOTHER'S MAIDEN NAME: Biner Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 4 yr. 4 mo.

0027 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1310 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1950, to 9/24, 1950, that I last saw the deceased alive on 9/24, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane M. D. Glenn Dale Sanatorium, Glenn Dale, Maryland 9/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-25-50 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) (State) D. C.

DATE REC'D BY LOCAL REG. 9-27-50 REGISTRAR'S SIGNATURE Mol Weyl

24. FUNERAL DIRECTOR Carver Memorial ADDRESS 29-H St. N.W.

RECEIVED
OCT 4 1950
BUREAU V. S

09523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 1 yr. 3 mos. & 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 311 T. St., N. E.

3. NAME OF DECEASED (Type or Print) (First) LOTTIE (Middle) M (Last) WILLIAMS
4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1950
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/30/21
9. AGE last birthday 29 yrs. If under 1 year Months 1 Days 24 If under 24 hrs. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greensboro, N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charlie Gladden
14. MOTHER'S MAIDEN NAME Lottie Penn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) pulmonary Tuberculosis — 18 mos.

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1949, to 9/23, 1950, that I last saw the deceased alive on 9/22, 1950, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 9/22/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 9/27/50 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) Wash DC. (State)

DATE REC'D BY LOCAL REG. 9-25-50 REGISTRAR'S SIGNATURE Mae Weiss 24. FUNERAL DIRECTOR J T Stewart 3 0 H N E ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7

RECEIVED
OCT 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09524

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6900 Oxon Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 6900 Oxon Hill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Adam	Newton	Wolfe	9	16	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	6/18/91	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	Virginia	U.S.A.

13. FATHER'S NAME: John Wolfe

14. MOTHER'S MAIDEN NAME: Barbara Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. D. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Bond	M. D.	Forestville, Md.	9/16/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 19, 1950	Ives Funeral Home	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/17/50	Amanda Downey	F Gasche Sons	Hyattsville Md

Mrs. Alton Davis

9884

RECEIVED
SEP 27 1950
BUREAU OF S

09525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Prince George

City or town: Allentown, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 6887 Allentown Rd., S.E.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Allentown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 6887 Allentown Rd., S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Ella Marian Wood.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Wm. J. Wood

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 23 - 1913

8. AGE:

Years	Months	Days	If less than one day
37			..... hrs. ..... min.

9. Birthplace: Allentown, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Robert Webster
13. Birthplace: Maryland

MOTHER
14. Maiden name: Martha S. Payne
15. Birthplace: Maryland

16. Informant: Wm. J. Wood
Address: 6887 - Allentown Road S.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 21-1950 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Md.

18. Funeral director: Simmons Bros.

Address: 2007 - Nichols Ave. S.E. Wash. DC

19. Sept. 19 1950 (Date rec'd by registrar) Howard I Beale Registrar
Mrs. Alton Davis

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 19 1950, at 4 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1948, to Sept 19 1950 and that I last saw her alive on Sept 15 1950

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2 yrs.

Due to: —

Due to: —

Other conditions: —

002X
13t (Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Washington 19 DC Date signed: Sept 19 1950

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 27 1950
BUREAU V. S